

County: Anderson

Facility Type: Adult Day Care

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date  | Licensed<br>Units |
|--|--|-------------------|
| <b>HORIZON ADULT DAY CARE</b><br>3420 CLEMSON BLVD STE 17<br>ANDERSON, SC 29621-1324 FAC.#:864-231-0099<br>WOOTEN, LADORA PH#:<br><b>Facility Email:</b> JOHNSON@SENIORSOLUTIONS-SC.ORG              | Anderson / Non-Profit Corporation<br>3420 CLEMSON BLVD STE 17<br>ANDERSON, SC 29621-1324<br>SENIOR SOLUTIONS<br><b>ADC-0248 / 10/31/2013 (Renewal Pending)</b> | 46                |
| <b>Number of Participants:</b>   |  | <b>46</b>         |
| <b>MARKETPLACE CINEMA ADULT DAY CARE</b><br>3420 CLEMSON BLVD STE 17<br>ANDERSON, SC 29621-1324 FAC.#:864-225-3370<br>WESTBROOKS, LORI PH#:<br><b>Facility Email:</b> DWRIGHT@SENIORSOLUTIONS-SC.ORG | Anderson / Non-Profit Corporation<br>3420 CLEMSON BLVD STE 17<br>ANDERSON, SC 29621-1324<br>SENIOR SOLUTIONS<br><b>ADC-0246 / 01/31/2015</b>                   | 40                |
| <b>Number of Participants:</b>   |  | <b>40</b>         |
| <b>NEW HOPE ADULT DAY CARE</b><br>1214 NEW HOPE RD<br>ANDERSON, SC 29625-5460 FAC.#:864-222-2986<br>SIMS, LARRY V PH#: 864-222-2986<br><b>Facility Email:</b> L.SIMS13@YAHOO.COM                     | Anderson / Sole Proprietorship<br>1214 NEW HOPE RD<br>ANDERSON, SC 29625-5460<br>SIMS JR, LARRY V<br><b>ADC-0237 / 03/31/2014 (Renewal Pending)</b>            | 35                |
| <b>Number of Participants:</b>   |  | <b>35</b>         |

Totals For Facility/License Type: Adult Day CareNumber of Activities/Facilities licensed: 3      Number Licensed Units: 121

County: Anderson

Facility Type: Ambulatory Surgery

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date   | Licensed<br>Units |
|--|---|-------------------|
| <b>ANMED HEALTH MEDICUS SURGERY CENTER</b><br>107 PROFESSIONAL CT<br>ANDERSON, SC 29621-2052 FAC.#:864-716-7900<br>KAY, ANGELA R PH#: 864-716-7900<br><b>Facility Email:</b> ANGIEKAY@MEDICUS1.COM               | Anderson / Limited Liability<br>PO BOX 1886<br>ANDERSON, SC 29622-1886<br>ANMED HEALTH MEDICUS SURGERY CENTER LLC<br><b>ASF-0100 / 04/30/2015</b>                             | 5                 |
| <b>Operating Rooms: 3 Procedure Rooms: 2 Endoscopy Rooms: 0</b>  |   |                   |
| <b>BEARWOOD AMBULATORY SURGERY CENTER</b><br>3031 N HWY 81<br>ANDERSON, SC 29621-3621 FAC.#:864-226-7371<br>HOLDREDGE, SUSAN S PH#: 864-226-7371<br><b>Facility Email:</b> Not on File                           | Anderson / Partnership<br>3031 N HWY 81<br>ANDERSON, SC 29621-3621<br>BEARWOOD AMBULATORY SURGERY CENTER PA<br><b>ASF-0021 / 12/31/2014</b>                                   | 1                 |
| <b>Operating Rooms: 1 Procedure Rooms: 0 Endoscopy Rooms: 0</b>  |   |                   |
| <b>UPSTATE ENDOSCOPY CENTER</b><br>1922 MCCONNELL SPRINGS RD STE B<br>ANDERSON, SC 29621-2642 FAC.#:864-716-6555<br>ATKINS, DEBORAH A PH#: 864-716-6555<br><b>Facility Email:</b> DEBORAH.ATKINS@ANMEDHEALTH.ORG | Anderson / Ltd. Liability<br>1922 MCCONNELL SPRINGS RD STE B<br>ANDERSON, SC 29621-2642<br>ANMED ENTERPRISES INC UPSTATE ENDOSCOPY CENTER LLC<br><b>ASF-0083 / 06/30/2014</b> | 2                 |
| <b>Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 2</b>  |   |                   |

Totals For Facility/License Type: Ambulatory SurgeryNumber of Activities/Facilities licensed: 3 Number Licensed Units: 8

County: Anderson

Facility Type: Body Piercing

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone   | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date  | Licensed<br>Units |
|---|--|-------------------|
| <b>AGGRESSIVE INK III BODY PIERCING</b><br>407 HWY 28 BYP UNIT B<br>ANDERSON, SC 29624-3044 FAC.#:864-226-3793<br>RICKETTS, STEVE G PH#: 864-226-3793<br><b>Facility Email:</b> AGGRESSIVEINK@GMAIL.COM | Anderson / Sole Proprietorship<br>407 HWY 28 BYP UNIT B<br>ANDERSON, SC 29624-3044<br>RICKETTS, STEVE G<br><b>BP-0210 / 07/31/2014</b> | 1                 |
| <b>ARTISTIC INK PIERCING</b><br>97 WELPINE RD<br>PENDLETON, SC 29670-9606 FAC.#:706-498-5811<br>TALMADGE, JASON PH#: 706-498-5811<br><b>Facility Email:</b> TERRYROWLAND777@GMAIL.COM                   | Anderson / Sole Proprietorship<br>PO BOX 62<br>SANDY SPRINGS, SC 29677-0062<br>ROWLAND, TERRY T<br><b>BP-0205 / 11/30/2014</b>         | 1                 |
| <b>XPRESSIONS TANNING SALON</b><br>112 W SHOCKLEY FERRY RD<br>ANDERSON, SC 29624-3733 FAC.#:864-225-4806<br>GINN, DONNA PH#: 864-225-4806<br><b>Facility Email:</b> ANGLNURARMS@AOL.COM                 | Anderson / Sole Proprietorship<br>112 W SHOCKLEY FERRY RD<br>ANDERSON, SC 29624-3733<br>GINN, DONNA<br><b>BP-0193 / 02/28/2015</b>     | 1                 |

**Totals For Facility/License Type:** Body PiercingNumber of Activities/Facilities licensed: 3      Number Licensed Units: 3

County: Anderson

**Facility Type: Community Residential Care Facility**

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date   | Licensed<br>Units |
|--|---|-------------------|
| <b>EMERITUS AT ANDERSON PLACE</b><br>311 SIMPSON RD<br>ANDERSON, SC 29621-2157 FAC.#:864-261-3875<br>SEXTON, JAMI PH#: 864-261-3875<br><b>Facility Email:</b> ANDERSONPLACE-ED@EMERTUS.COM                                   | Anderson / Corporation<br>3131 ELLIOTT AVE STE 500<br>SEATTLE, WA 98121-1032<br>EMERITUS CORPORATION<br><b>CRC-1303 / 03/31/2015</b>  | 40                |
| <b>Alzheimer Care:</b> No <b>Max # Resident:</b> 0   | <b>Alzheimer Unit:</b> No <b>Max # Beds:</b> 0  |                   |
| <b>Certifications:</b> None  |   |                   |
| <b>FAITH HOPE AND CHARITY RETIREMENT</b><br>101 COE ST<br>ANDERSON, SC 29624 FAC.#:864-226-0990<br>PH#:<br><b>Facility Email:</b> Not on File  | Anderson / Sole Proprietorship<br>PO BOX 13866<br>ANDERSON, SC 29624-0018<br>MARY SIMS TOUCHTON<br><b>CRC-0760 / 04/30/2015</b>   | 10                |
| <b>Alzheimer Care:</b> No <b>Max # Resident:</b> 0   | <b>Alzheimer Unit:</b> No <b>Max # Beds:</b> 0  |                   |
| <b>Certifications:</b> None  |   |                   |
| <b>GARDEN HOUSE</b><br>201 EDGEBROOK DR<br>ANDERSON, SC 29621-2573 FAC.#:864-964-5668<br>BRADLEY-GUIBAULT, KATHLEEN PH#: 864-964-5668<br><b>Facility Email:</b> DIRECTOR@GARDENHOUSE.COM                                     | Anderson / Ltd. Liability<br>201 EDGEBROOK DR<br>ANDERSON, SC 29621-2545<br>ARHC GHANDSC01 TRS LLC<br><b>CRC-1437 / 07/31/2014</b>  | 75                |
| <b>Alzheimer Care:</b> Yes <b>Max # Resident:</b> 18   | <b>Alzheimer Unit:</b> Yes <b>Max # Beds:</b> 18  |                   |
| <b>Certifications:</b> None  |   |                   |
| <b>MAPLES OF HONEA PATH</b><br>224 WILDWOOD DR<br>HONEA PATH, SC 29654-1335 FAC.#:864-369-2000<br>WILLIS, MARK N PH#: 864-369-2000<br><b>Facility Email:</b> WILLISFORHOUSE@GMAIL.COM  | Anderson / Corporation<br>224 WILDWOOD DR<br>HONEA PATH, SC 29654-1335<br>MAPLE MANOR INC<br><b>CRC-0819 / 05/31/2015</b>   | 74                |
| <b>Alzheimer Care:</b> Yes <b>Max # Resident:</b> 30   | <b>Alzheimer Unit:</b> No <b>Max # Beds:</b> 0  |                   |
| <b>Certifications:</b> None  |   |                   |
| <b>MARCHBANKS ASSISTED LIVING AND MEMORY CARE</b><br>2203 MARCHBANKS AVE<br>ANDERSON, SC 29621-2247 FAC.#:864-231-7786<br>STOVALL, SHARON D PH#: 864-638-5212<br><b>Facility Email:</b> CYNTHIA@MARCHBANKSASSISTEDLIVING.COM | Anderson / Ltd. Liability<br>2203 MARCHBANKS AVE<br>ANDERSON, SC 29621-2247<br>CAROLINA RETIREMENT SERVICES OF ANDERSON LLC<br><b>CRC-1413 / 05/31/2014 (Renewal Pending)</b> | 60                |
| <b>Alzheimer Care:</b> No <b>Max # Resident:</b> 0   | <b>Alzheimer Unit:</b> No <b>Max # Beds:</b> 0  |                   |
| <b>Certifications:</b> None  |   |                   |

County: Anderson

**Facility Type: Community Residential Care Facility**

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date   | Licensed<br>Units |
|--|---|-------------------|
| <b>MORNINGSIDE OF ANDERSON</b><br>1304 MCLEES RD<br>ANDERSON, SC 29621-3345 FAC.#:864-964-9088<br>SPEER, RICHARD W PH#: 864-964-9088<br><b>Facility Email:</b> RSPEER@5SQC.COM   | Anderson / Limited Liability Limited Partnership<br>1304 MCLEES RD<br>ANDERSON, SC 29621-3345<br>MORNINGSIDE OF ANDERSON LP<br><b>CRC-1093 / 04/30/2015</b> | 88                |
| <b>Alzheimer Care:Yes</b> <b>Max # Resident:15</b>   | <b>Alzheimer Unit: No</b> <b>Max # Beds: 0</b>  |                   |
| <b>Certifications:None</b>   |   |                   |
| <b>NORTH POINTE ASSISTED LIVING</b><br>701 SIMPSON RD<br>ANDERSON, SC 29621-3077 FAC.#:864-226-5505<br>GARRISON, ANDREW HODGE PH#: 864-226-5505<br><b>Facility Email:</b> ANDYGARRISON@BELLSOUTH.NET                     | Anderson / Limited Liability<br>CSL NORTH POINTE SC LLC<br><b>CRC-1454 / 10/31/2013 (Renewal Pending)</b>   | 70                |
| <b>Alzheimer Care:Yes</b> <b>Max # Resident:28</b>   | <b>Alzheimer Unit: Yes</b> <b>Max # Beds: 28</b>  |                   |
| <b>Certifications:None</b>   |   |                   |
| <b>RESTING PLACE #1</b><br>207 E SHOCKLEY FERRY RD<br>ANDERSON, SC 29624-3731 FAC.#:864-226-0990<br>TOUCHTON, MARY S PH#: 864-226-0990<br><b>Facility Email:</b> Not on File   | Anderson / Sole Proprietorship<br>PO BOX 13866<br>ANDERSON, SC 29624-0018<br>MARY SIMS TOUCHTON<br><b>CRC-0499 / 11/30/2014</b>                             | 10                |
| <b>Alzheimer Care:No</b> <b>Max # Resident:0</b>   | <b>Alzheimer Unit: No</b> <b>Max # Beds: 0</b>  |                   |
| <b>Certifications:None</b>   |   |                   |
| <b>ROCKY RIVER BAPTIST ASSOCIATION RESIDENTIAL CARE HOME</b><br>250 UNION HIGH DR<br>BELTON, SC 29627-2445 FAC.#:864-338-1410<br>TOUCHTON, JORDANA M PH#: 864-338-1410<br><b>Facility Email:</b> ROCKYRIVERRCF@YAHOO.COM | Anderson / Non-Profit Corporation<br>250 UNION HIGH DR<br>BELTON, SC 29627-2445<br>ROCKY RIVER BAPTIST ASSOCIATION<br><b>CRC-1270 / 04/30/2015</b>          | 28                |
| <b>Alzheimer Care:Yes</b> <b>Max # Resident:2</b>  | <b>Alzheimer Unit: No</b> <b>Max # Beds: 0</b>  |                   |
| <b>Certifications:None</b>   |   |                   |
| <b>SUMMIT PLACE OF ANDERSON</b><br>107 PERPETUAL SQ<br>ANDERSON, SC 29621-1713 FAC.#:864-222-9880<br>PH#:<br><b>Facility Email:</b> ED@SUMMITOFANDERSON.COM  | Anderson / Limited Liability<br>CSL SUMMIT PLACE SC LLC<br><b>CRC-1151 / 10/31/2014</b>   | 89                |
| <b>Alzheimer Care:Yes</b> <b>Max # Resident:28</b>   | <b>Alzheimer Unit: Yes</b> <b>Max # Beds: 32</b>  |                   |
| <b>Certifications:None</b>   |   |                   |

County: Anderson

Facility Type: Community Residential Care Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date                                  | Licensed<br>Units |
|--|--|-------------------|
| <b>UPSTATE RESIDENTIAL CARE</b><br>1302 S MCDUFFIE ST<br>ANDERSON, SC 29624-2745 FAC.#:864-225-6901<br>KELLER, BOBBIE J PH#: 864-225-6901<br>Facility Email: Not on File                             | Anderson / Sole Proprietorship<br><br>HORACE, J ALEXANDER<br>CRC-0233 / 08/31/2014   | 10                |
| Alzheimer Care:Yes Max # Resident:1  | Alzheimer Unit: No   | Max # Beds: 0     |
| Certifications:None  |  |                   |
| <b>VILLAGE COMMUNITY CARE HOME-UNIT A</b><br>1250 SALEM CHURCH RD<br>ANDERSON, SC 29625-1310 FAC.#:864-225-4336<br>WILLIAMS, PHYLLIS S PH#: 864-225-4336<br>Facility Email: VILLAGECARE365@GMAIL.COM | Anderson / Corporation<br>PO BOX 5107<br>ANDERSON, SC 29623-5107<br>VILLAGE COMMUNITY CARE HOME INC<br>CRC-0563 / 01/31/2015 | 11                |
| Alzheimer Care:No Max # Resident:0   | Alzheimer Unit: No   | Max # Beds: 0     |
| Certifications:None  |  |                   |
| <b>VILLAGE COMMUNITY CARE HOME-UNIT B</b><br>1250 SALEM CHURCH RD<br>ANDERSON, SC 29625-1310 FAC.#:864-225-4336<br>WILLIAMS, PHYLLIS S PH#: 864-225-4336<br>Facility Email: VILLAGECARE365@GMAIL.COM | Anderson / Corporation<br>PO BOX 5107<br>ANDERSON, SC 29623-5107<br>VILLAGE COMMUNITY CARE HOME INC<br>CRC-0564 / 01/31/2015 | 11                |
| Alzheimer Care:No Max # Resident:0   | Alzheimer Unit: No   | Max # Beds: 0     |
| Certifications:None  |  |                   |
| <b>VILLAGE COMMUNITY CARE HOME-UNIT C</b><br>1250 SALEM CHURCH RD<br>ANDERSON, SC 29625-1310 FAC.#:864-225-4336<br>WILLIAMS, PHYLLIS S PH#: 864-225-4336<br>Facility Email: VILLAGECARE365@GMAIL.COM | Anderson / Corporation<br>PO BOX 5107<br>ANDERSON, SC 29623-5107<br>VILLAGE COMMUNITY CARE HOME INC<br>CRC-0565 / 01/31/2015 | 11                |
| Alzheimer Care:No Max # Resident:0   | Alzheimer Unit: No   | Max # Beds: 0     |
| Certifications:None  |  |                   |
| <b>VILLAGE COMMUNITY CARE HOME-UNIT D</b><br>1250 SALEM CHURCH RD<br>ANDERSON, SC 29625-1310 FAC.#:864-225-4336<br>WILLIAMS, PHYLLIS S PH#: 864-225-4336<br>Facility Email: VILLAGECARE@GMAIL.COM    | Anderson / Corporation<br>PO BOX 5107<br>ANDERSON, SC 29623-5107<br>VILLAGE COMMUNITY CARE HOME INC<br>CRC-0566 / 01/31/2015 | 11                |
| Alzheimer Care:No Max # Resident:0   | Alzheimer Unit: No   | Max # Beds: 0     |
| Certifications:None  |  |                   |

Totals For Facility/License Type: Community Residential Care FacilityNumber of Activities/Facilities licensed: 15 Number Licensed Units: 598

County: Anderson

Facility Type: Home Health

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date  | Licensed<br>Units |
|--|--|-------------------|
| <b>ANMED HEALTH HOME HEALTH AGENCY</b><br>1926 MCCONNELL SPRINGS RD<br>ANDERSON, SC 29621-2642 FAC.#:864-512-6410<br>GETSINGER, CHRISTI A PH#: 864-512-6410<br><b>Facility Email:</b> CHRISTI.GETSINGER@ANMEDHEALTH.ORG<br><b>Counties Served:</b> Anderson<br><b>License Restrictions:</b><br><b>Physical Therapy:</b> Y <b>Speech Therapy:</b> Y <b>Occupational Therapy:</b> Y <b>Med. Social Services:</b> Y<br><b>Home Health Aid:</b> Y <b>Medical Supplies/Appliances/Durable Medical Equipment</b> N<br><b>Other:</b>  | Anderson / Non-Profit Corporation<br>PO BOX 195<br>ANDERSON, SC 29622-0195<br>ANMED HEALTH<br><b>HHA-0068 / 02/28/2015</b>   | 1                 |
| <b>SC DHEC UPSTATE HOME HEALTH SERVICES</b><br>220 MCGEE RD, ANDERSON CTY HEALTH DEPT<br>ANDERSON, SC 29625-2147 FAC.#:864-260-5617<br>SMITH, SHERRIE S PH#: 864-260-5617<br><b>Facility Email:</b> Not on File<br><b>Counties Served:</b> Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union<br><b>License Restrictions:</b><br><b>Physical Therapy:</b> Y <b>Speech Therapy:</b> Y <b>Occupational Therapy:</b> Y <b>Med. Social Services:</b> Y<br><b>Home Health Aid:</b> Y <b>Medical Supplies/Appliances/Durable Medical Equipment</b> N<br><b>Other:</b> | Anderson / State<br>220 MCGEE RD, ANDERSON CTY HEALTH DEPT<br>ANDERSON, SC 29625-2147<br>SC DEPT OF HEALTH & ENVIRONMENTAL CONTROL<br><b>HHA-0001 / 09/30/2014</b> | 11                |

Totals For Facility/License Type: Home Health
Number of Activities/Facilities licensed: 2      Number Licensed Units: 12

County: Anderson

Facility Type: Hospice Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date                                       | Licensed<br>Units |
|--|---|-------------------|
| <b>CALLIE &amp; JOHN RAINEY HOSPICE HOUSE</b><br>1835 ROGERS RD<br>ANDERSON, SC 29621-2278 FAC.#:864-224-3358<br>MELBOURNE, PAMELA S PH#: 864-224-3358<br><b>Facility Email:</b> PMELBOURNE@HOSPICEHOUSE.NET | Anderson / Corporation<br>1835 ROGERS RD<br>ANDERSON, SC 29621-2278<br>HOSPICE OF THE UPSTATE INC<br><b>HPF-0001 / 08/31/2014</b> | 32                |

Totals For Facility/License Type: Hospice FacilityNumber of Activities/Facilities licensed: 1      Number Licensed Units: 32



County: Anderson

Facility Type: Hospice Program

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date  | Licensed<br>Units |
|--|--|-------------------|
| <b>HOSPICE OF THE UPSTATE</b><br>1835 ROGERS RD<br>ANDERSON, SC 29621-2278 FAC.#:864-224-3358<br>MELBOURNE, PAMELA S PH#: 864-224-3358<br>Facility Email: PMELBOURNE@HOSPICEHOUSE.NET  | Anderson / Corporation<br>1835 ROGERS RD<br>ANDERSON, SC 29621-2278<br>HOSPICE OF THE UPSTATE INC<br>HPC-0017 / 07/31/2014           | 5                 |
| Counties Served: Abbeville, Anderson, Greenville, Oconee, Pickens  |  |                   |
| <b>PH HEALTHCARE SERVICES</b><br>102 COMMONS BLVD STE C-1<br>PIEDMONT, SC 29673-7766 FAC.#:864-991-8414<br>REED, ADAM PH#: 803-268-9780<br>Facility Email: RDUNAGAN@PHSHEALTHCARE.COM  | Anderson / Corporation<br>102 COMMONS BLVD STE C-1<br>PIEDMONT, SC 29673-7766<br>PH HEALTHCARE SERVICES INC<br>HPC-0165 / 03/31/2015 | 46                |
| Counties Served: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York |  |                   |
| <b>PROVIDENCE HOSPICE</b><br>202 WALL ST<br>PIEDMONT, SC 29673-6754 FAC.#:864-295-8714<br>PH#:   | Anderson / Limited Liability<br>202 WALL ST<br>PIEDMONT, SC 29673-6754<br>PROVIDENCE HOSPICE LLC<br>HPC-0157 / 11/30/2014            | 16                |
| Counties Served: Anderson, Berkeley, Charleston, Cherokee, Chester, Colleton, Dorchester, Greenville, Lancaster, Laurens, Oconee, Orangeburg, Pickens, Spartanburg, Union, York  |  |                   |

Totals For Facility/License Type: Hospice ProgramNumber of Activities/Facilities licensed: 3 Number Licensed Units: 67

County: Anderson

**Facility Type: Hospital or Institutional General Infirmary**

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date                                   | Licensed<br>Units |
|--|---|-------------------|
| <b>ANMED HEALTH MEDICAL CENTER</b><br>800 N FANT ST<br>ANDERSON, SC 29621-5793 FAC.#:864-512-1000<br>MILLER JR, JOHN A PH#: 864-512-1109<br><b>Facility Email:</b> JERRY.PARRISH@ANMEDHEALTH.ORG | Anderson / Non-Profit Corporation<br>800 N FANT ST<br>ANDERSON, SC 29621-5793<br>ANMED HEALTH<br><b>HTL-0044 / 11/30/2014</b> | 461               |
| <b>Licensed Beds: General: 423    Psychiatric: 38    Rehab: 0    Substance Abuse: 0</b><br><b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>  |   |                   |

**Certifications:Abortions, Trauma Center Level II, JCAHO Accredited**

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| <b>ANMED HEALTH REHABILITATION HOSPITAL</b><br>1 SPRING BACK WAY<br>ANDERSON, SC 29621-2676 FAC.#:864-716-2600<br>SKRIPPS, MICHELE M PH#: 864-716-2600<br><b>Facility Email:</b> MICHELE.SKRIPPS@HEALTHSOUTH.COM | Anderson / Ltd. Liability<br>1 SPRING BACK WAY<br>ANDERSON, SC 29621-2676<br>ANMED ENTERPRISES INC/HEALTHSOUTH LLC<br><b>HTL-0838 / 12/31/2014</b> | 55 |
| <b>Licensed Beds: General: 0    Psychiatric: 0    Rehab: 55    Substance Abuse: 0</b><br><b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>  |  |    |

**Certifications:JCAHO Accredited**

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| <b>ANMED HEALTH WOMEN'S AND CHILDREN'S HOSPITAL</b><br>2000 E GREENVILLE ST<br>ANDERSON, SC 29621-1580 FAC.#:864-512-4801<br>MILLER JR, JOHN A PH#: 864-512-1000<br><b>Facility Email:</b> HOPE.CAMPBELL@ANMEDHEALTH.ORG | Anderson / Non-Profit Corporation<br>2000 E GREENVILLE ST, ANMED HEALTH CAMPUS<br>ANDERSON, SC 29621-1580<br>ANMED HEALTH<br><b>HTL-0896 / 06/30/2015</b> | 72 |
| <b>Licensed Beds: General: 72    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b><br><b>Other Beds :        NICU: 0    Neonatal Special Care: 13</b>   |   |    |

**Certifications:Abortions, Perinatal Level II, JCAHO Accredited**

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|---|--|-----|
| <b>PATRICK B HARRIS PSYCHIATRIC HOSPITAL</b><br>130 HWY 252<br>ANDERSON, SC 29621-5054 FAC.#:864-231-2600<br>FLETCHER, JOHN F PH#: 864-231-2600<br><b>Facility Email:</b> Not on File | Anderson / State<br>PO BOX 2907<br>ANDERSON, SC 29622-2907<br>SC DEPARTMENT OF MENTAL HEALTH<br><b>HTL-0503 / 11/30/2014</b> | 200 |
| <b>Licensed Beds: General: 0    Psychiatric: 200    Rehab: 0    Substance Abuse: 0</b><br><b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>                              |  |     |

**Certifications:JCAHO Accredited****Totals For Facility/License Type: Hospital or Institutional General Infirmary****Number of Activities/Facilities licensed: 4      Number Licensed Units: 788**

County: Anderson

Facility Type: Nursing Home

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date   | Licensed<br>Units |
|--|---|-------------------|
| <b>ELLENBURG NURSING CENTER</b><br>611 E HAMPTON ST<br>ANDERSON, SC 29624-2899 FAC.#:864-226-5054<br>ELLENBURG, LYNDON W PH#: 864-226-5054<br><b>Facility Email:</b> FUZZERONE@AOL.COM | Anderson / Corporation<br>611 E HAMPTON ST<br>ANDERSON, SC 29624-2899<br>ELLENBURG NURSING CENTER INC<br><b>NCF-0231 / 03/31/2015</b> | 181               |

Licensed Beds: Nursing Home: 181 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

|  |   |    |
|--|---|----|
| <b>EMERITUS AT ANDERSON PLACE HEALTH CARE CENTER</b><br>311 SIMPSON RD<br>ANDERSON, SC 29621-2157 FAC.#:864-261-3875<br>SEXTON, JAMI PH#: 864-261-3875<br><b>Facility Email:</b> ANDERSONPLACE-ED@EMERITUS.COM | Anderson / Corporation<br>3131 ELLIOTT AVE STE 500<br>SEATTLE, WA 98121-1032<br>EMERICARE INC<br><b>NCF-0872 / 12/31/2014</b> | 44 |
|--|---|----|

Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

|  |  |    |
|--|--|----|
| <b>EXALTED HEALTH &amp; REHAB OF IVA</b><br>406 W BROAD ST<br>IVA, SC 29655-9765 FAC.#:864-348-7433<br>TOWERY, AL M PH#: 864-286-6600<br><b>Facility Email:</b> CHERITAGE@COVENANTDOVE.COM | Anderson / Limited Liability<br>PO BOX 1119<br>IVA, SC 29655-1119<br>NEW EXALTED HEALTH & REHAB OF IVA LLC<br><b>NCF-0904 / 11/30/2014</b> | 60 |
|--|--|----|

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

|  |  |    |
|--|--|----|
| <b>FELLOWSHIP HEALTH &amp; REHAB OF ANDERSON</b><br>208 JAMES ST<br>ANDERSON, SC 29625-2942 FAC.#:864-226-3427<br>HERITAGE, CARLA PH#: 864-348-7433<br><b>Facility Email:</b> JKING@COVENANTDOVE.COM | Anderson / Limited Liability<br>208 JAMES ST<br>ANDERSON, SC 29625-2942<br>NEW FELLOWSHIP HEALTH & REHAB OF ANDERSON LLC<br><b>NCF-0909 / 11/30/2014</b> | 88 |
|--|--|----|

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Anderson

Facility Type: Nursing Home

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone   | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date  | Licensed<br>Units |
|---|--|-------------------|
| HOSANNA HEALTH & REHAB OF PIEDMONT<br>109 BENTZ RD<br>PIEDMONT, SC 29673-1412 FAC.#:864-845-5177<br>EVATT, RUSSELL E PH#:<br>Facility Email: DPARSON@COVENANTDOVE.COM | Anderson / Limited Liability<br>109 BENTZ RD<br>PIEDMONT, SC 29673-1412<br>NEW HOSANNA HEALTH & REHAB OF PIEDMONT LLC<br>NCF-0907 / 11/30/2014 | 88                |

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

|  |   |     |
|--|---|-----|
| NHC HEALTHCARE ANDERSON<br>1501 E GREENVILLE ST<br>ANDERSON, SC 29621-2004 FAC.#:864-226-8356<br>MOORHOUSE, BRADLEY W PH#: 864-226-8356<br>Facility Email: SNFCARE@NHCANDERSON.COM | Anderson / Ltd. Liability<br>PO BOX 1327<br>ANDERSON, SC 29622-1327<br>NHC HEALTHCARE/ANDERSON LLC<br>NCF-0801 / 06/30/2015 | 290 |
|--|---|-----|

Licensed Beds: Nursing Home: 290 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

|  |   |     |
|--|---|-----|
| RICHARD M CAMPBELL VETERANS NURSING HOME<br>4605 BELTON HWY<br>ANDERSON, SC 29621-5045 FAC.#:864-261-6734<br>OSBORNE, THOMAS G PH#:<br>Facility Email: JBLOOMER@HMRVSI.COM | Anderson / State<br>4605 BELTON HWY<br>ANDERSON, SC 29621-5045<br>SC DEPARTMENT OF MENTAL HEALTH<br>NCF-0549 / 02/28/2015 | 220 |
|--|---|-----|

Licensed Beds: Nursing Home: 220 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 7 Number Licensed Units: 971

County: Anderson

Facility Type: PSAD Outpatient

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone   | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date  | Licensed<br>Units |
|---|--|-------------------|
| <b>ADULT DRUG COURT TREATMENT</b><br>100 S MAIN ST<br>ANDERSON, SC 29624-1619 FAC.#:864-222-6694<br>BRIDWELL, TASHA R PH#: 864-222-6694<br><b>Facility Email:</b> HORIDWELL.@SOLI10TH.COM | Anderson / County<br>PO BOX 8002<br>ANDERSON, SC 29622-8002<br>ANDERSON COUNTY 10TH CIRCUIT SOLICITOR'S OFFICE<br><b>OTP-0099 / 01/31/2015</b> | 1                 |

Certifications:None

|  |  |   |
|--|--|---|
| <b>ANDERSON-OCONEE BEHAVIORAL HEALTH SERVICES</b><br>226 MCGEE RD<br>ANDERSON, SC 29625-2104 FAC.#:864-260-4168<br>BECK RN, KAREN B PH#: 864-260-4168<br><b>Facility Email:</b> AOBHSTMCRIDE@BELLSOUTH.NET | Anderson / County<br>226 MCGEE RD<br>ANDERSON, SC 29625-2104<br>ANDERSON-OCONEE BEHAVIORAL HEALTH SERVICES-BOARD<br><b>OTP-0030 / 09/30/2014</b> | 2 |
|--|--|---|

Certifications:None

|   |  |   |
|---|--|---|
| <b>SOUTHWEST CAROLINA TREATMENT CENTER</b><br>341 W BELTLINE BLVD<br>ANDERSON, SC 29625-1505 FAC.#:864-222-9798<br>LATIMER, JACQUELINE PH#: 864-222-9798<br><b>Facility Email:</b> ASHLEY.WHIT@CAROLINATREATMENTCENTERS.COM | Anderson / Limited Liability<br>7 SUNBELT BUSINESS PARK DR STE 5<br>GREER, SC 29650-4529<br>SOUTHWEST CAROLINA TREATMENT CENTER LLC<br><b>OTPN-0049 / 02/28/2015</b> | 1 |
|---|--|---|

Certifications:Narcotics Treatment Program, Methodone Treatment Program

Totals For Facility/License Type: PSAD OutpatientNumber of Activities/Facilities licensed: 3 Number Licensed Units: 4

County: Anderson

Facility Type: Renal Dialysis

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date   | Licensed<br>Units |
|--|---|-------------------|
| <b>FRESENIUS MEDICAL CARE ANDERSON</b><br>416 E CALHOUN ST STE A<br>ANDERSON, SC 29621-5852 FAC.#:864-224-1678<br>WADSWORTH, AMANDA MARLENE PH#: 864-224-1678<br><b>Facility Email:</b> KIM.BAGWELL@FMC-NA.COM   | Anderson / Corporation<br>416 E CALHOUN ST STE A<br>ANDERSON, SC 29621-5852<br>BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC<br><b>ERD-0105 / 10/31/2014</b>   | 48                |
| <b>Licensed Stations: Hemodialysis: 47 Peritoneal: 1</b>   |   |                   |
| <b>FRESENIUS MEDICAL SERVICES OF BELTON-HONEA PATH</b><br>200 CHURCH ST<br>HONEA PATH, SC 29654-2213 FAC.#:864-369-6509<br>LINDLEY, SHARON PH#: 864-369-6509<br><b>Facility Email:</b> SHARON.LINDLEY@FMC-NA.COM | Anderson / Corporation<br>200 CHURCH ST<br>HONEA PATH, SC 29654-2213<br>BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC<br><b>ERD-0146 / 05/31/2015</b>  | 17                |
| <b>Licensed Stations: Hemodialysis: 17 Peritoneal: 0</b>   |   |                   |
| <b>FRESENIUS MEDICAL SERVICES OF PENDLETON</b><br>908 S MECHANIC ST<br>PENDLETON, SC 29670-1815 FAC.#:864-646-6607<br>PORTER, BRITTANY D PH#: 000-000-0000<br><b>Facility Email:</b> KIM.BAGWELL@FMC-NA.COM      | Anderson / Corporation<br>908 S MECHANIC ST<br>PENDLETON, SC 29670-1815<br>BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC<br><b>ERD-0145 / 12/31/2014</b>   | 11                |
| <b>Licensed Stations: Hemodialysis: 11 Peritoneal: 0</b>   |   |                   |
| <b>PENDLETON DIALYSIS</b><br>7703 HWY 76<br>PENDLETON, SC 29670-1818 FAC.#:864-646-7715<br>DAVIS RN, AMY T PH#: 864-646-7715<br><b>Facility Email:</b> DARLA.SMITH@DAVITA.COM                                    | Anderson / Limited Liability Limited Partnership<br>5200 VIRGINIA WAY STE 400, LICENSING AND<br>CERTIFICATION<br>BRENTWOOD, TN 37027-7569<br>RENAL TREATMENT CENTERS-SOUTHEAST LP<br><b>ERD-0143 / 10/31/2014</b> | 10                |
| <b>Licensed Stations: Hemodialysis: 10 Peritoneal: 0</b>   |   |                   |

**Totals For Facility/License Type: Renal Dialysis**

|  |          |                               |           |
|--|----------|-------------------------------|-----------|
| <b>Number of Activities/Facilities licensed:</b> | <u>4</u> | <b>Number Licensed Units:</b> | <u>86</u> |
|--|----------|-------------------------------|-----------|

County: Anderson

Facility Type: Tattoo Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date  | Licensed<br>Units |
|--|--|-------------------|
| <b>AGGRESSIVE INK 3</b><br>407 HWY 28 BYP STE C<br>ANDERSON, SC 29624-3044 FAC.#:864-226-3793<br>RICKETTS, STEVE G PH#: 864-226-3793<br><b>Facility Email:</b> AGGRESSIVEINK@GMAIL.COM     | Anderson / Sole Proprietorship<br>407 HWY 28 BYP STE C<br>ANDERSON, SC 29624-3044<br>RICKETTS, STEVE G<br><b>TF-0073 / 06/30/2014</b>    | 3                 |
| <b>AGGRESSIVE INK II</b><br>324 E SHOCKLEY FERRY RD<br>ANDERSON, SC 29624-3824 FAC.#:864-231-9257<br>RICKETTS, STEVE G PH#: 864-231-9257<br><b>Facility Email:</b> AGGRESSIVEINK@GMAIL.COM | Anderson / Sole Proprietorship<br>324 E SHOCKLEY FERRY RD<br>ANDERSON, SC 29624-3824<br>RICKETTS, STEVE G<br><b>TF-0031 / 12/31/2014</b> | 2                 |
| <b>ARTISTIC INK</b><br>99 WELPINE RD<br>PENDLETON, SC 29670-9606 FAC.#:706-498-5811<br>ROWLAND, TERRY T PH#: 706-498-5811<br><b>Facility Email:</b> TERRYROWLAND777@YAHOO.COM              | Anderson / Sole Proprietorship<br><br><br>ROWLAND, TERRY T<br><b>TF-0059 / 10/31/2014</b>  | 4                 |
| <b>BLVD TATTOO CO</b><br>3704 LIBERTY HWY<br>ANDERSON, SC 29621-1309 FAC.#:864-224-7922<br>CHARPING, STEVEN J PH#: 864-367-6889<br><b>Facility Email:</b> BLVDTATTOOCO@YAHOO.COM           | Anderson / Sole Proprietorship<br>3704 LIBERTY HWY<br>ANDERSON, SC 29621-1309<br>CHARPING, STEVEN J<br><b>TF-0111 / 11/30/2014</b>       | 4                 |
| <b>HONKY TONK TATTOO</b><br>121 VW CT<br>ANDERSON, SC 29624-3000 FAC.#:864-328-9018<br>FILIPOVIC, MICHAEL W PH#: 864-328-9018<br><b>Facility Email:</b> HONKYTONK08@YAHOO.COM              | Anderson / Sole Proprietorship<br>121 VW CT<br>ANDERSON, SC 29624-3000<br>FILIPOVIC, MICHAEL W<br><b>TF-0084 / 11/30/2014</b>            | 2                 |
| <b>MONSTER INK</b><br>3121 HWY 153 STE A<br>PIEDMONT, SC 29673-7722 FAC.#:864-201-0597<br>LAMB, EDWIN WAYNE PH#: 864-201-0597<br><b>Facility Email:</b> EMONSTERROCKS@YAHOO.COM            | Anderson / Sole Proprietorship<br>3121 HWY 153 STE A<br>PIEDMONT, SC 29673-7722<br>LAMB, EDWIN WAYNE<br><b>TF-0066 / 04/30/2015</b>      | 3                 |
| <b>PAINTED PONY TATTOO-ANDERSON</b><br>734 WHITEHALL RD<br>ANDERSON, SC 29625-2264 FAC.#:864-226-2500<br>BRANDT, KAREN L PH#: 864-226-2500<br><b>Facility Email:</b> KLBPP@MSN.COM         | Anderson / Sole Proprietorship<br>734 WHITEHALL RD<br>ANDERSON, SC 29625-2264<br>BRANDT, KAREN L<br><b>TF-0034 / 02/28/2015</b>          | 5                 |
| <b>RELENTLESS TATTOO</b><br>34 HALTER DR<br>PIEDMONT, SC 29673-6741 FAC.#:864-295-2237<br>BARNES JR, REX C PH#: 864-295-2237<br><b>Facility Email:</b> REXALL727@YAHOO.COM                 | Anderson / Limited Liability<br>34 HALTER DR<br>PIEDMONT, SC 29673-6741<br>RELENTLESS TATTOO LLC<br><b>TF-0120 / 04/30/2015</b>          | 5                 |

County: Anderson

Facility Type: Tattoo Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date   | Licensed<br>Units |
|--|---|-------------------|
| STUDIO 22<br>100 ELECTRIC CITY BLVD STE 50<br>ANDERSON, SC 29621-2306 FAC.#:864-940-9034<br>WILSON, TODD EVAN PH#: 864-940-9034<br>Facility Email: Not on File | Anderson / Sole Proprietorship<br>100 ELECTRIC CITY BLVD STE 50<br>ANDERSON, SC 29621-2306<br>WILSON, TODD EVAN<br>TF-0165 / 01/31/2015 | 3                 |

Totals For Facility/License Type: Tattoo Facility

|  |                                  |
|--|----------------------------------|
| Number of Activities/Facilities licensed: <u>9</u> | Number Licensed Units: <u>31</u> |
|--|----------------------------------|

|   |                   |
|---|-------------------|
| Number of Activities/Facilities licensed in county of <u>Anderson</u> | # Lics: <u>57</u> |
| Number Licensed Units : <u>2,721</u>                                  |                   |

## Report Totals

|  |   |
|--|---|
| Total Number of Activities/Facilities licensed <u>57</u> | Total Number Licensed Units: <u>2,721</u> |
|--|---|